

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CK</i>		<i>8/13</i>
O.I.P.E. CLASSIFIER		<i>72/21</i>	<i>5-11-61</i>
FORMALITY REVIEW			<i>9-13-61</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	
1	<i>10/21/63</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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